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|---|----------------------|------------------------|--|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   |                        |  |
|   | Filing Date          |                        |  |
|   | First Named Inventor | Adolph Mondry          |  |
|   | Art Unit             |                        |  |
|   | Examiner Name        |                        |  |
| Total Number of Pages in This Submission  | 19                   | Attorney Docket Number |  |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <b>Remarks</b> Replacement claims and abstract are placed on a separate sheet of the Voltage Dosimeter as in previous correspondence. Now the previous sheet to the claims is included, and all notation indicating new claims is excluded.   |   |   |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |   |   |
| Firm or Individual name   | Adolph Mondry   |   |
| Signature   | <i>Adolph Mondry</i>  |   |
| Date  | 4-9-04  |   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                      |             |
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| Typed or printed name   | Adolph Mondry        |             |
| Signature   | <i>Adolph Mondry</i> | Date 4-9-04 |

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